acs CLINICAL CONGRESS news

MIAMI BEACH, FLORIDA 26 60TH ANNUAL CLINICAL CONGRESS OF THE AMERICAN COLLEGE OF SURGEONS WEDNESDAY, OCTOBER 23, 1974

Must lose 'stepchild' status

Wickstrom names three groups as needing 'education' in trauma

If the care of trauma victims is to catch up in quality with the care consistently extended to victims of cancer, coronary thrombosis, and mental illness, trauma is first going to have to lose its 'stepchild' status in medical school curricula, a specialist in the delivery of emergency medical care stated yesterday.

In delivering the annual Scudder Oration in Trauma, Jack Wickstrom, MD, FACS, cited the basic CORE curriculum and the popularity of social medicine and behavorial sciences as being responsible for the displacement of courses in trauma management.

In order to help trauma management receive proper recognition on a national scale, Dr. Wickstrom suggested that three general groups — medical students at both the undergraduate and graduate levels, paramedical personnel, and the general public and its elected officials — must be reached by educational programs in trauma.

"The surgeon must interject himself into basic science teaching", Dr. Wickstrom urged, adding that surgeons should strive to make available elective courses in trauma management to undergraduates and, on the graduate level, gain support for trauma research centers and for training grants.

Calling on the ACS Board of Regents and the College's state trauma committees to take action on a national level to ensure the continuity of funds for improved emergency medical care, Dr. Wickstrom went on to ask them to act also as vigilant critics of the existing trauma programs.

"We must make certain that the Department of Transportation insists on compliance and implementation of existing standards, and that such federal highway funds actually reach the programs they are intended to", Dr. Wickstrom said.

"Education in Trauma: The Surgeon's Responsibility", will be printed in full in the January 1975 issue of the *ACS Bulletin*.

Metal bridge may substitute for pacemaker in heart test

Electrical conduction in the heart is possible using a metal bridge, investigators from the New York Hospital-Cornell University Medical College reported Tuesday. Their goal is to find a substitute for the heart pacemaker.

The metal bridge was constructed of small ribbons of pure gold and strands of gold wire, and placed in the heart muscles of animals that had heart block. The bridge connected the electrical impulses that were recorded every two or three days with an electrocardiograph. The animals were allowed to survive for three weeks.

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It is requested that smoking be limited to hallways and areas adjacent to scientific meeting rooms (where not prohibited by fire department regulations), and that no smoking occur in the meeting rooms before or during a presentation.

Surgical Forum is dedicated to Dr. J.E. Dunphy

Surgical Forum Volume XXV is dedicated to J. Englebert Dunphy, MD, FACS, professor and chairman of the Department of Surgery at the University of California in San Francisco, and immediate past chairman of the ACS Board of Regents. The Forum volume contains reports of research-in-progress presented during the Congress in the sessions of the Forum on Fundamental Surgical Problems.

Dr. Dunphy was selected for the dedication by the Forum Committee because of his intense interest and involvement in research throughout his career, and because of his ability to stimulate others to an active program of research. In the Foreword, written by William R. Drucker, MD, FACS, chairman of the Forum Committee, it states:

"For the young surgeons, many of whom are publishing for the first time in this volume, two vital lessons are apparent from the Dunphy 'track record'. An academic surgeon can and should maintain an active, personal research program despite competing pressures of numerous other responsibilities; and, a period of research is a necessary and desirable part of an excellent residency program for all surgeons".

Dr. Dunphy received the MD degree from Harvard in 1933 and served at the Peter Bent Brigham Hospital and as the first director of the Harvard Unit of Boston City Hospital. He left Boston in 1959 to become chairman of the Department of Surgery at Oregon, and in 1964 went to San Francisco.

ELEVEN MEDICAL STUDENTS are guests at the Clinical Congress under a program sponsored by the Committee on Surgical Education in Medical Schools. Selected by their department heads as showing outstanding achievement in the study of medicine, the students attend the scientific sessions and then meet every day for a luncheon and discussion. Their get-acquainted session was Monday at a breakfast. Guest students are (clockwise) Donald Kapsch, Durham, N.C.; Lawrence Lottenberg, North Miami Beach; David Dunavant, Jr., Memphis; Steve Wilson, Chapel Hill, N.C.; Walter Lee Bourland, Jr., Jackson, Miss.; Peter Weinheimer, Birmingham, Ala.; Joseph Wheeler, Tampa; Albert P. Jones, Charleston, S.C.; Mark Mannis, Gainesville, Fla.; Harold Erath, Nashville, Tenn.; and Norman Mayer, Winston-Salen, N.C. Seated at the head of the table are Seymour I. Schwartz, MD, FACS, (left) member of the Committee and advisor for the medical students; and Harold A. Zintel, MD, FACS, Assistant Director, ACS.

From National Safety Council

C.P. Artz presented '74 surgeons' award

Curtis P. Artz, MD, FACS, (right in photo below), chairman of the Department of Surgery at the University of South Carolina School of Medicine, and past chairman of the Committee on Trauma of the American College of Surgeons, received the 1974 Surgeon's Award for Distinguished Service to Safety from the National Safety Council. The award was presented Monday evening at the annual dinner of the Committee on Trauma by NSC president Vincent Tofany.

The surgeon's award is presented annually to a surgeon or surgical organization that has made a significant contribution to the prevention or treatment of accidental injuries.

Dr. Artz received the award for his contributions to research, teaching, and clinical care in the area of burn injuries.

"Dr. Artz was instrumental in the development of exposure therapy for burns and the use of skin substitutes for burn victims", Mr. Tofany said in making the presentation. "He has written extensively on the mechanism of burn injury and, as a result, has played an important role in building a body of knowledge about burn prevention.

"He also has provided leadership in the area of flammable fabrics and burn prevention", Mr. Tofany said.

Dr. Artz was a founding member and first president of the American Burn Association. He is presently a member of the editorial boards of *The American Surgeon*, *The Journal of Trauma* and *Injury — The British Journal of Accident Surgery*.

Judging for the surgeon's award was jointly conducted by the National Safety Council, the American College of Surgeons, and the American Association for the Surgery of Trauma.

The National Safety Council, based in Chicago, is a nongovernmental, nonprofit, public service organization dedicated to safety education and the development and implementation of accident prevention programs reaching every segment of American life.

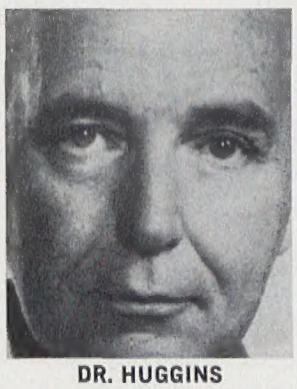
From 1956 until 1962, he was associate professor of surgery at the University of Mississippi School of Medicine in Jackson, Miss., and from 1962 to 1965 he was Shrine Professor of Surgery at the University of Texas Medical Branch in Galveston, Texas. He became professor of surgery at the University of South Carolina School of Medicine in Charleston, S.C., in 1956.

Messages must be picked up!!! Please, on your next trip through the North Foyer of the Convention Center, stop by the Information booth for any messages that might have been left for you. Rosemary Sidlo, an ACS staffer working in the information booth, says that there are as many messages piled up as there were yesterday, and that they are running out of space to put up more.

Transformation of Fibroblasts

C. B. Huggins to give Ravdin lecture at 1:30

Charles Brenton Huggins — surgeon, scientist and Nobel Prize winner — who at the age of 73 still spends seven days a week at his laboratory bench, will deliver the I.S. Ravdin Lecture in the Basic Sciences at 1:30 pm today in the Mississippi Room of the Convention Center.



DR. HUGGINS

Dr. Huggins, who received the Nobel Prize in Physiology and Medicine in 1966 for his discovery of a hormonal treatment of cancer of the prostate, is the William B. Ogden Distinguished Service Professor of Surgery at the University of Chicago's Pritzker School of Medicine, and emeritus director of the Ben May Laboratory for Cancer Research, which he founded.

Dr. Huggins' lecture will be on "The Transformation of Fibroblasts", a topic which has interested him since he joined the University of Chicago as a member of its first medical faculty in 1927.

In a recent interview, Dr. Huggins described why he thinks surgeons make good basic researchers:

"I must stress the value of the surgeon in research", he said. "The surgeon believes everything is black and white; there are no grays. You take the gallbladder out or you leave it in. Nature is like that. It's either yes or no. The research surgeon works rapidly and he wants to see something happen. Too much biological research today is highly educated doubletalk — little content and meaning".

Dr. Huggins, whose laboratory bears the motto "Discovery is our Business", was born in Halifax, Canada, and earned his BA at Acadia University there. He graduated from the Harvard Medical School at the age of 22, and then received surgical training at the University of Michigan in Ann Arbor. Dr. Huggins' entire professional career has been spent at the University of Chicago. He is an Honorary Fellow of the ACS.

Dr. Huggins has published countless papers on a variety of subjects related to his cancer research. He has won awards and prizes throughout the world, and has been honored and recognized throughout the world as one of the foremost living cancer researchers.

His Nobel Prize was for his discovery in 1941 that hormone therapy can cure prostate cancer. His discovery was not only significant for cancer research and the treatment of prostatic cancer, but also ushered in chemotherapy as a treatment modality for cancer.

Dr. Huggins has often influenced young physicians to choose a life of research rather than of private practice.

"Having studied medicine and done research all my life, I now believe that nothing is known about nothing", he once said. "All we know are a few little bits and pieces; the great generalizations have yet to emerge. So many things are lying around unexplored."

Ciné Clinics

Six films set for today's program

At 8:30 am in the South Hall of the Convention Center, the Ciné Clinic will hold the second session of its three day series of films. William F. Matory, MD, FACS, Washington, DC, will preside during today's viewing of "Renal Revascularization", "Ileocystoplasty", "The Management of Infant Hernias", 'Flexor Tendon Grafting within the Digital Sheaths", and "One-stage Total Proctocolectomy for Ulcerative Colitis".

"Retropubic Posterior Prostatectomy" will be the one film imported from abroad, prepared by Richard Turner-Warwick, MA, DM, FRCS(Eng), London.

Registration facts & figures

As of 5:00 pm Tuesday

Doctors	9,641
Ladies	3,817
Exhibitors	1,672
Visitors	401
Press and staff	339
Total	15,870

Sets of *CCNews* can be sent home

Sets of the five isues of the Clinical Congress News will be mailed after the Congress free of charge to the homes of registrants requesting them or to colleagues.

Those who wish to take advantage of this offer are asked to order sets at the office of the News, Idaho Room, Miami Beach Convention Center, or phone the office at 534-6451.

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Team approach to treatment is purpose of clinic

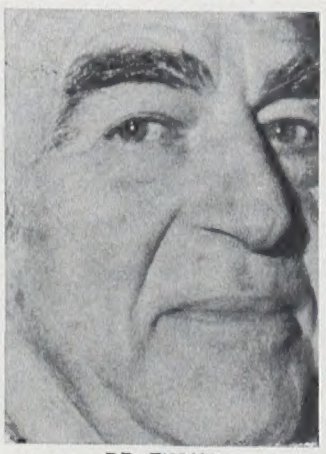
The Correlative Clinic came into being three years ago at the suggestion of Owen H. Wangensteen, MD, FACS, past president of the College, at a time when, in his opinion, the trend toward specialization needed to be mitigated by a reestablishment of communication and cooperation between the various surgical specialties and other medical disciplines. Designed to bring about just such cooperation, the Correlative Clinic will hold its third annual session today in the Connecticut Room in the Convention Center at 10 am.

The first case, presented by a team from the Medical University of South Carolina, has the provocative title of "The 'Lump' in the Groin". Paul H. O'Brien, MD, FACS, a general surgeon; Gordon Hennigar, MD, a pathologist; and Keene Wallace, MD, a radiotherapist, will tell just how they went about treating this mystery. Curtis P. Artz, MD, FACS, a general surgeon will moderate.

A thoracic surgeon, Lester R. Bryant, Jr., MD, FACS; a general surgeon, Francis C. Nance, MD, FACS,; and a radiologist, Roy J. Ingraffia, MD, will present the second case, titled "Interdisciplinary Approach to Life-threatening Postoperative Complications." Walter F. Becker, MD, FACS, a general surgeon, will moderate for this team from the Louisiana State University School of Medicine.

Evans appointed assistant director on College staff

Joseph P. Evans, MD, FACS, has been appointed an assistant director of the College. He will be in charge of international liaison.



DR. EVANS

Dr. Evans, who represented College interests in Latin America since 1972, was professor of neurological surgery at the University of Cincinnati from 1937 to 1954.

Dr. Evans graduated from Harvard Medical School in 1929, and became a Fellow in 1945. He and his wife, Hermine, reside in Medellin, Colombia.

Sling suture technique aids in trachea healing

A new "sling suture" technique is being used successfully to correct a narrowed or constricted passageway in the trachea or windpipe, according to a paper presented today.

The constriction sometimes occurs as a result of a tumor or, more commonly, from a complication of an operation carried out to repair tracheostomies (the surgical formation of an opening from the neck directly into the trachea to support breathing in critically ill patients).

Patients may be maintained with ventilatory support for short periods, or for months, explained Narendra Tyagi, MD, of the St. Joseph Mercy Hospital, Pontiac, Michigan. The object of this support is to maintain the patient until his own lungs and his own body are able to take over the work of breathing in a normal fashion.

The technique developed by Dr. Tyagi and his co-authors makes use of retention-type or "sling sutures" placed across the surgically-repaired area. An ordinary suture brings the repair together. The sling suture redistributes weight away from the surgically repaired area, and alleviates tension on this area. Tensions of up to 2550 grams have been effectively alleviated by this method. Dr. Tyagi said it has been used successfully without secondary narrowing in both dog and man.

"A number of problems may arise (with tracheostomies)", said Dr. Tyagi, "and one of these is the possibility of abnormal healing of the wall of the trachea where an endotracheal tube passed through the mouth or nose into the windpipe or a tracheotomy tube results in narrowing of the trachea. In cases of severe tracheal stenosis (narrowing) the best form of treatment is removal of the narrowed segment and joining the two ends of the trachea".

He said that a certain amount of tension occurs at this passage, and this influences the healing process. If the tension is excessive, the surgically repaired area becomes narrowed and there is a recurrence of the very problem that the operation was intended to relieve.

Dr. Tyagi and his associates have determined how much tension is excessive in healing and have developed a method to alleviate excessive tension to a degree where the passage is virtually tension-free. Some degree of tracheal narrowing ordinarily resulted when tension exceeded 750 grams. There was a direct correlation between degree of narrowing and magnitude of tension. When the tension exceeded 1400 grams, narrowing occluded up to 70 percent of the channel.

While the study was done to develop a way of making tracheal passages safer and tracheal healing more predictable in patients developing tracheal narrowing following respiratory support, it is equally useful in patients with tumors of the trachea. Until recently, certain tumors of the trachea could not be removed by operation because of the difficulty of re-establishing continuity of the trachea.

Coauthors of the study are Jerome Rosenthal, PhD, and Allen Silbergleit, MD, PhD, FACS, of St. Joseph Mercy Hospital and Wayne State University School of Medicine, Detroit.

High immunoglobulin level can mean stomach cancer

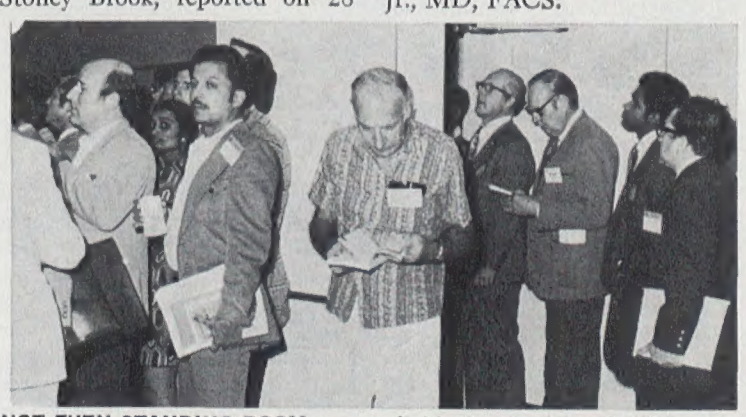
When a cancer invades a patient, a general bodily immune response is mobilized. Special proteins called antibodies are formed in response to foreign substances. However, the concept that a "local" immune response may be elicited near the site of a tumor has never been demonstrated, according to a group of investigators who reported yesterday that higher levels of local immunoglobulin titers were found in patients with cancers of the stomach than in patients with benign lesions.

The investigators, from the Long Island Jewish-Hillside Medical Center, New Hyde Park, N.Y., and from the State University of New York at Stoney Brook, reported on 28 patients suspected of harboring stomach malignancies. Stomach secretions were obtained through a tube. The highest levels of immunoglobulins were seen in those with actual cancers.

"The study suggests that the increased levels of local immunoglobulins may represent an attempt by the host to locally inhibit and control tumor growth", said Mitchell Levy, MD.

He said that the elevation may be of value as a diagnostic test when used in conjunction with other methods.

Co-authors were Edward P. Petroshock, MD; Charlotte Mandel, MS; Maximo Deysine, MD, FACS; Irwin Katzka, MD, FACP; and Arthur H. Aufses, Jr., MD, FACS.



NOT EVEN STANDING ROOM was available for the John H. Gibbon, Jr. Lecture, presented by David C. Sabiston, Jr., MD, FACS, Monday afternoon. Latecomers crowded in the doorways in an effort to hear Dr. Sabiston's lecture.

An international overview

Where to find the $$$ for financing surgery

An international overview of the problems associated with financing surgical care will be presented this morning, beginning at 10:00 in the Pennsylvania Room of the Miami Beach Convention Center.

Surgeons from four nations, each with a personal interest in the problem, will focus their discussion on the following six areas:

1) Six essential ingredients in the delivery of surgical care: quality, availability, acceptability of the system to both patient and surgeon, organization, control, and cost.

2) Analyzing the impact of cost and the method of meeting that cost on the other five ingredients.

3) Identifying the obvious problems in each participant's country which, for reasons beyond the control of the surgeon, have impact upon these ingredients.

4) Each surgeon will discuss how, if he had free rein from the standpoint of financing, to develop the best system for delivering surgical care that was cost effective, contains built-in controls for both overutilization and underutilization, and assures a standard of high quality of surgical care to the entire population.

5) Discuss how this could best be done in the world in general.

6) Discuss what methods could be undertaken to correct any deficiencies in each surgeon's country.

H. Thomas Ballantine, Jr., MD, FACS, of Boston, will moderate the panel. Other participants are Maurice Mercadier, MD, FACS, Neuilly, France; Sir Benjamin K. Rank, MB, BS, FRCS(C)(Hon), FRCS(Eng), FRACS, FACS, Melbourne, Australia; and Julio Cesar Wong, MD, FACS, Panama City, Panama.

U of M hospital

Operations to be telecast in color

Two operations will be telecast in color today from the Jackson Memorial Hospital on the campus of the University of Miami directly to the Auditorium of the Convention Center. George L. Irvin III, MD, FACS, Miami, will begin a Thyroid Resection at 10:30 am. Oliver H. Beahrs will be on hand in the Auditorium to moderate questions from the viewers to the panelists attending the operation in the hospital proper.

Pediatric Surgical Procedure will be the operation of the afternoon, performed by Marc I. Rowe, MD, FACS, Miami at 1:30 pm, and moderated by James L. Talbert, MD, FACS, Gainesville, Fla.

Two of yesterday's telecasts will be rerun for the benefit of those registrants who were unable to be in the Auditorium at the time of their broadcast. The operation of the Biliary Tract will be rebroadcast at 8:30 am, and Peripheral Vascular Procedure at 3:30 pm.

1500 SURGEONS have taken the time (and the time is considerably shorter now that earlier computer problems have been resolved) to assess their surgical knowledge at the SESAP II exhibit in the North Hall of the Miami Beach Convention Center. SESAP II, the College's Surgical Education and Self Assessment Program, should be even more popular than its predecessor, which was taken by more than 14,000. Complete information and application forms are available at the exhibit.

Additions to film program: add to Colon Controversies

The Motion Picture Exhibition schedule for today includes three sessions, two in the afternoon and one in the evening. The afternoon sessions, both beginnig at 1:30 pm, are the Trauma Audio Visual Program, and the Symposium on the Colon.

Several changes have been made in the Colon Symposium program, being held in the Connecticut Room of the Convention Center. The program now includes eight films covering the areas of hemorrhage, rectal prolapse, colonic obstruction, and toxic megacolon. Each film will be narrated by its author(s), as is every film in the Motion Picture Exhibition.

Of the films listed under Colonic Obstruction, the first film, Primary Versus Staged Repair, has had its title changed to Emergency Right Hemicolectomy. The film's author's are Herbert B. Greenlee, Jr., MD, FACS, and Jack R. Pickleman, MD.

A new film on Colonic Obstruction has been added to the program, Subtotal Colectomy for Obstructive Carcinoma of the Rectosigmoid Colon; Robert J. Freeark, MD, FACS, is

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Gallium-67 for early indication of osteomyelitis

A radioactive substance with a short half-life, gallium-67, may be ideal for the early diagnosis of inflammation of the bone due to infection, investigators from Long Island Jewish-Hillside Medical Center, New Hyde Park, New York, reported Tuesday.

Maximo Deysine, MD, FACS, said that gallium-67 has been used in some 30 patients to diagnose infections secondary to open reduction of a fracture or the exacerbation of chronic osteomyelitis. The group reported on animal tests it is conducting in order to find a way of using gallium-67 for acute hematogenous osteomyelitis in children. It is hoped that if it is useful in diagnosing the infection in its early stages, it will be possible to provide much more effective treatment.

Dr. Deysine reported that inflammation was produced in the leg bone of rabbits by injection. The bone picked up the isotope showing elevated counts over the area within 12 hours after injection. Counts on the uninfected bone were significantly lower. As the disease progressed, the infected tibia was found to pick up the isotope even faster. Gallium-67 was able to diagnose osteomyelitis before any X-ray demonstration of bone infection.

Gallium-67 is also an ideal agent to diagnose acute arthritis, he said.

Co-authors of the report were Hank Rafkin, BA; Ira Teicher, MD, FACS; Robert Russell, and Arthur Aufses, Jr., MD, FACS.

MEMBERS of the Continuing Education Committee review the mini-SESAP booklet during a dinner meeting Sunday evening. In the top photo, from left, are Heinz R. Kuehn, Director of Communications for ACS, who is in charge of final editing and production of the Syllabus of critiques which will accompany SESAP II; Robert J. Freeark, MD, FACS; and W. Spencer Payne, MD, FACS; both members of the committee. In the side photo, from left, are William Blakemore, MD, FACS, vice-chairman of the committee; and committee members C. Barber Mueller, MD, FACS; and Arthur Baue; MD, FACS. An inestimable number of hours are involved in the formation of SESAP II, which will be sent to applicants November 1. Those wishing to take the assessment can sign up in the SESAP booth in the exhibit area of MBCC.

New treatment helps reduce tissue damage from frostbite

Early administration of the drugs reserpine and tolazoline may help reduce the amount of tissue loss in patients with frostbite, especially in those patients in whom rapid rewarming cannot be accomplished, G. Craig Merhoff, MD, FACS; John M. Porter, MD, FACS; Richard L. Snider, MD; and David Rummell, BS, from the University of Oregon Medical School reported yesterday.

The standard treatment of frostbite includes rapid rewarming of the frostbitten part in water at 43 degrees Centigrade, and the administration of low molecular-weight dextran, a plasma expander.

"Unfortunately", said the authors, "many patients are slowly rewarmed during rescue operations and in only a few patients can the theoretically optimal type of rewarming be accomplished. In addition, a number of studies have indicated that intravenous low molecular-weight dextran may be of only moderate benefit to this group of patients".

Experimental and clinical reports indicate that surgical sympathectomy, cutting the nerves that constrict the arteries, may be of benefit in improving blood circulation to the frostbitten area and in decreasing the amount of tissue loss. "Unfortunately, such major surgery is very difficult to perform in acutely injured patients immediately following their arrival at a hospital", the authors said.

Studies in the laboratory at Oregon have shown that administering reserpine, a drug used in treatment of high blood pressure, will result in a temporary "medical sympathectomy."

The effects of reserpine appear to last about two or three weeks, certainly long enough for maximal benefit to be derived in the treatment of such an acute situation as frostbite", the authors said. "However, the onset of action of reserpine is delayed some three to six hours".

Administration of a rapid-acting drug, tolazoline, into the artery, overcomes the delay of reserpine.

In experiments on animals, significant reduction in the amount of tissue loss was achieved in those animals allowed to slowly rewarm at room temperature, the usual clinical situation with patients, and then treated with a combination of reserpine and tolazoline.

A LARGE DELEGATION of guest physicians from Japan is attending the Congress. The total number is 48, and 21 of the physicians gathered for this photo at the international reception Monday evening.

THREE GUESTS FROM BRUSSELS visit with Dr. and Mrs. Charles B. Huggins, right, from Chicago at the international reception Monday evening. From left are N. L. Dupagne, MD, FACS; B. M. Bonte, MD, FACS; and Mauricette Bonte. Dr. Huggins, who is an Honorary Fellow of the College, is head of the Ben May Laboratory for Cancer Research at the University of Chicago. He will deliver the I. S. Ravdin Lecture in the Basic Sciences this afternoon at 1:30.

SIR BENJAMIN RANK, third from right, from Melbourne, Australia, will be made an Honorary Fellow in the Convocation ceremony Thursday night. At the reception for international guests Monday he chatted with, from left, Mrs. Arthur Wood, Jr., a member of the Women's Entertainment Committee; Dr. Wood; Dr. and Mrs. Richard Marion Fleming (Mrs. Fleming is head of the Women's Committee); and Dr. and Mrs. Colin Campbell Ferguson from Winnipeg. Dr. Ferguson is a member of the ACS Board of Governors.

T-cell levels correspond with the stage of cancer

A marker that can be useful in monitoring the effects of treatment programs in cancer of the lung was suggested Tuesday by a group of investigators from the National Cancer Institute. The marker is a type of white blood cell known as T-cell, or "killer cell" that searches out and destroys skin grafts, transplants and foreign invaders, including cancers.

An assay of T-cells show that their levels in the blood correspond with the stage of the cancer, according to Claude Potvin, MD, F R C S; A. Lee Dellon, MD; and P a u l B. Chretien, MD, FACS.

In cancer patients who had not undergone surgery, T-cell levels were significantly lower than in control. As the disease progressed, T-cell levels declined progressively except for a type of cancer called adenocarcinomas. "Among patients with localized tumors, at six months after resection (surgery to remove the tumor), all the normal T-cell levels were alive while 70 percent of those with low levels were dead", said Dr. Potvin. "Postoperative patients with stable or rising T-cell levels have remained clinically free of recurrence".

T-cell levels declined progressively in all patients during radiation therapy. The l e v e l s increased abruptly at one month after therapy in patients who had been tumor-free at an average of 8.3 months after therapy, but the levels declined in patients who developed a spread of cancer within an average of 3.6 months after treatment.

"Determination of pre-treatment T-cell levels in patients with resectable tumors is proposed as a basis for earlier selection of those who will require treatment w i t h chemotherapy and immunotherapy and serial monitoring of T-cell levels after surgery and radiation therapy", the authors said.

Motion pictures

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the author.

The last film on the Colon Controversies program, Subtotal Colectomy and Ileostomy, has an additional author not listed in the program, A. R. Moosa, MB, ChB, FRCS.

Robert J. F r e e a r k, MD, FACS, of Maywood, Illinois, is the presiding officer and coordinator of "Colon Controversies".

Trauma special

Oscar P. Hampton, Jr., MD, FACS, is the scheduled presiding officer at the Trauma Program, in the Florida Room of the Convention Center. Seven films or slide presentations will be shown in three hours.

Film festival

The Film Festival, to be held at 7:30 pm in the East Ballroom of the Hotel Fontainebleau, will present six films selected by the Medical Motion Picture Committee. Joseph C. Darin, MD, FACS, of Milwaukee, will preside.

Bridge

continued from page 1

Complete reestablishment of conduction was accomplished in all but five animals tested, but in only one for the three weeks. When the bridge was out, the heart block promptly reappeared. Structural damage to the bridge was found in failures.

"Although these studies clearly demonstrate t h a t artificial atrioventricular conduction has not yet become r e l i a b l y achieved", s a i d the authors, "with further refinement in materials and techniques, possibly to include incorporation of a small amplifier in the bridge, this method may prove to be an attractive alternative to pacing in the treatment of some forms of atrioventricular conduction disturbances".

Authors were Jeffrey P. Gold, BS; Stephen D. Herman, MD; Robert M. Kass, MD; William A. Gay, Jr., MD, FACS; and Paul A. Ebert, MD, FACS.

Meetings . . . reunions . . . meetings . . . reunions . . . meetings . . . reunions . . .

A number of Alumni Associations and Surgical Societies have information booths in the North Foyer of the Convention Center, usually open on the day of the event. If your group is not listed here, please check out the North Foyer.

Akron City Hospital
6:00-8:00 pm
Annual FACS cocktail party
Carriage House, Suite 339

Albert Einstein
College of Medicine
5:00-7:00 pm
Reception
Miami Beach Hyatt House, Forum Room

Society of Surgery of the **Alimentary Tract**
12:00 noon-2:00 pm
Board of Trustees Luncheon Meeting
Eden Roc, Gold Room B

American Pediatric
Surgical Association
5:30 pm-12:00 midnight
Dinner meeting
Fontainebleau, Room 471

Bowman **Grey** School of Medicine
North Carolina Baptist Hospital Medical Center
5:30-8:00 pm
Cocktail party
Eden Roc, Imperial North Room

Canadian Surgical Chairmen
7:00-9:00 am
Semi-annual meeting
Fontainebleau, Champagne Room

Central Surgical Association
12:00 noon-3:00 pm
Luncheon
Fontainebleau, Office B

University of **Chicago**
5:30-7:30 pm
Cocktail party
Fontainebleau, Imperial I Room

Christian Medical Society
7:00-10:00 pm
Dinner
Roney Pub
2300 Collins Avenue

Columbia P & S and **Presbyterian** Hospital Alumni
6:00-8:00 pm
Cocktail party
Doral, Regency Room

Cornell University Medical College Alumni
5:30-7:30 pm
Cocktail party
Doral, Majorca Room

Dartmouth-Hitchcock Medical Center Alumni
6:00-8:00 pm
Cocktail party
Miami Beach Hyatt House, Lyceum Room

Downstate Medical Center Alumni Association
5:30-7:30 pm
Cocktail party
Eden Roc, Imperial South Room

Flying Physicians Association
6:00 pm bus will leave from the Convention Center to the Eastern Airlines Training Center where 1011 & 747 Flight Simulators will be toured.
8:00 pm
Dinner
Miami Springs Villas

Fourth Auxilliary Surgical Group
7:00-10:00 pm
Dinner
Doral, Castillian Room

Hahnemann Medical College and Hospital Alumni Association
6:30-8:00 pm
Cocktail party
Doral, Valencia Room

Hahnemann Surgical Society
6:30-10:30 pm
Reception and dinner
Fontainebleau, Champagne Room

Henry N. **Harkins** Surgical Society
6:00-9:00 pm
Reception
Doral, Mediterranean Center

Fifth **(Harvard)** Surgical Society
6:30-11:00 pm
Dinner
the Vizcaya
Busses leaving from the Fontainebleau at 6:30 pm and 7:00 pm

Hines Veterans Administration Hospital CB **Puestow** Surgical Society
6:00-8:00 pm
Reception
Miami Beach Hyatt House, Orpheum Room

Indiana Chapter, **ACS**
7:30-8:30 am
Breakfast
Fontainebleau, North Room

North American Chapter of the **International** Society of Surgery
7:00-8:00 am
Breakfast
Fontainebleau, French Room

G. S. Medical College and the **King Edward** Memorial Hospital Alumni Association
6:00-8:00 pm
Dinner
Hotel Barcelona, Room 1064

University of **Iowa**
Surgical Alumni
6:00-8:00 pm
Cocktail party
Fontainebleau, LaFayette Room

Lahey Clinic Foundation
5:30-7:00 pm
Cocktail party
Fontainebleau, Riviera South Room

Marquette-MCW Medical Alumni
5:00-8:00 pm
Reception
Fontainebleau, North Room

Maryland Chapter, **ACS**
6:30-8:30 pm
Cocktail party
Eden Roc, Paladium

University of **Missouri-Columbia**
Medical Alumni and Friends
6:30-8:00 pm
Cocktail party
Doral, Regency Conference Room

Moretz Surgical Society
6:00-7:00 pm
Cocktail party
Fontainebleau, Riviera North

Methodist Hospital of Brooklyn
6:00-8:00 pm
Cocktail party
Carillon, Room 1125

Mount Sinai Medical Center
6:00-8:00 pm
Reception
Doral, Starlight East

Navy Surgeons
6:00-8:00 pm
Cocktail party
Deauville, Cavalier Room

College of Medicine and Dentistry of **New Jersey,** Residency Program of the Department of Surgery
7:00-8:00 pm
Cocktail party
Doral, Miramar North Room

University of **Pennsylvania**
Medical Alumni
5:30-7:30 pm
Cocktail party
Doral, Mediterranean West Room

Puerto Rico Chapter, **ACS**
5:00-8:00 pm
Reception
Doral, Madrid Room

Oswell Park Surgical Society
12:00 noon-1:30 pm
Luncheon
Fontainebleau, Louis Phillipe Room

Rush Medical College
7:00-8:30 am
Breakfast
Doral, Mediterranean Center

University of **Southern California** Medical Center/Society of Graduate Surgeons of Los Angeles County
6:00-8:00 pm
Cocktail party
Fontainebleau, Bonaparte A Room

University of **Utah** College of Medicine/Division of General Surgery
6:00-8:00 pm
Reception for the **Utah** Chapter of **ACS,** and Alumni
Fontainebleau, Pasteur Room

Vermont Chapter, **ACS**
6:00-8:00 pm
Cocktail party
Eden Roc, Gold Room A

THURSDAY MORNING

Society of **University** Surgeons
7:00-8:00 am
Breakfast
Fontainebleau, Imperial I Suite